

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037282

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 319

Primary Registration District No.

Registrar's No. 44

STATE FILE NUMBER

FILED SEP 24 1962

## 1. PLACE OF DEATH

a. COUNTY

STE. GENEVIEVE

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR TOWN STE. GENEVIEVE T.S.

Length of stay in 1b

c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION RFD #2, STE. GENEVIEVEInside Limits  
Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY STE. GENEVIEVE

c. CITY OR TOWN STE. GENEVIEVE

Inside Limits  
Yes ☐ No ☒d. STREET ADDRESS (if outside, give location)  
RFD #2Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First ELIZABETH

Middle REGINA

Last ROTH

4. DATE OF DEATH

Month SEPTEMBER

Day 15,

Year 1962

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

1-6-1876

## 9. AGE (last birthday)

86

## IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

## 10b. KIND OF BUSINESS OR INDUSTRY

OWN HOME

## 11. BIRTHPLACE (City and state or country)

STE. GENEVIEVE, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

THEODORE GRASS

## 13b. MOTHER'S MAIDEN NAME

CATHERINE KIRCHNER

14. NAME OF HUSBAND ~~OR WIFE~~

STEPHEN ROTH

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address 954 N. 4TH ST.

ALONZO ROTH, STE. GENEVIEVE, MISSOURI

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Chronic myocarditis

## INTERVAL BETWEEN ONSET AND DEATH

9/6/60.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

arteriosclerosis

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 7, 1960 to Sept 14, 1962 and last saw her alive on Sept 9, 1962  
Death occurred at 9:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

9-17-1962

## 23c. NAME OF CEMETERY OR CREMATORY

CALVARY CEMETERY

## 23d. LOCATION (City, town, or county)

STE. GENEVIEVE,

MISSOURI

## 24. FUNERAL DIRECTOR

ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

JEROME H. STANTON, STE. GENEVIEVE, Mo.

15 September 1962

George F. Wood

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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2 0950

3 1

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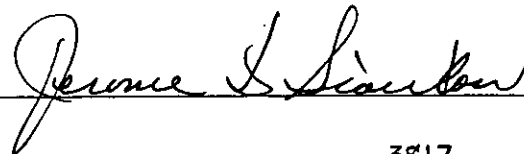
13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.